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Bib Data Sheet

CONFIRMATION NO. 9231

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| SERIAL NUMBER<br>10/510,559 | FILING OR 371(c)<br>DATE<br>03/28/2005<br>RULE | CLASS<br>494 | GROUP ART UNIT<br>1723 | ATTORNEY<br>DOCKET NO.<br>6495-0078WOUS |
|-----------------------------|--|--------------|------------------------|---|

**APPLICANTS**

Jakob Munch-Fals, Virum, DENMARK;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DK03/00209 03/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2002 00514 04/09/2002

|                                 |   |                      |                            |
|---------------------------------|---|----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  |                      |                            |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                      |                            |
| Verified and Acknowledged       | Examiner's Signature Initials   |                      |                            |
| STATE OR COUNTRY<br>DENMARK     | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>4 | INDEPENDENT<br>CLAIMS<br>2 |

**ADDRESS**

Richard R Michaud  
 McCormick Paulding & Huber  
 City Place II  
 185 Asylum Street  
 Hartford, CT 06103

**TITLE**

Process for centrifugal distribution of liquid physiological specimens

|                                |   |   |
|--------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>1080 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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